

Return completed form to Healthcare Realty:

**FAX** 310.670.8039  
**EMAIL** djones@healthcarerealty.com  
**MAIL** 6801 Park Terrace Drive, Suite 545  
Los Angeles, California 90045

Tenant name: \_\_\_\_\_  
Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Tenant contact email: \_\_\_\_\_

## Request details

<b>1</b>	<b>RECIPIENT</b>	Name: _____ Office Phone: _____ Mobile Phone: _____			
<b>2</b>	<b>TYPE OF PASS (check one):</b>	General Parking	Temporary	Other _____	
<b>3</b>	<b>LICENSE PLATE NUMBER:</b>	<b>MAKE:</b>	<b>MODEL:</b>	<b>COLOR:</b>	<b>YEAR:</b>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

*Note: No one other than the recipient should use the recipient's parking pass. Vehicles without appropriate parking pass are subject to be towed immediately at vehicle owner's expense.*

This request is for an additional or replacement card.

**AUTHORIZED BY:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Electronic signature represented by blue type)

**Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

..... OFFICE USE ONLY .....

Pass number: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Initials

Called requester to pick up on: \_\_\_\_/\_\_\_\_/\_\_\_\_ AND/OR Emailed tenant on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date logged: \_\_\_\_/\_\_\_\_/\_\_\_\_